PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10/566110

| | | | | | | | | | | | | |
|---|--|---|---------------------|---------------------------------------|--------------|---|---|---------------------|------------------------|----|----------------------------|------------------------|
| | | CLAIMS A | (Column 1) | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| U.S | . NATIONAL : | STAGE FEES | | · · · · · · · · · · · · · · · · · · · | | (00.0, 2) | 1 | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LAR | GE ENT. = \$ 300 | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | (4) = \$50/\$100 | | | ther situations = | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | ALL | ISA = \$50 / \$ 100 other countries = \$ 200 / \$ 400 | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | # minus 20 = * | | | 20 | | X \$ 25 = | 500 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = * | | * | ನ | | X \$ 100 = | 200 | OR | X \$ 200 = | <u> </u> |
| | | DENT CLAIM PRE | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 1150 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | _ | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | , | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colun | ın 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = . | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | L | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | • | TOTAL ADDIT: FFF | | OR | TOTAL ADDIT. FFF | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

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